

PsySTART Staff Self Triage System

Team Leader Summary Form

Reporting Period: ____ / ____ / ____ to ____ / ____ / ____

Team Leader Name: _____

Department: _____

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Total of each risk factor at end of reporting period
1 WITNESSED SEVERE BURN, DISMEMBERMENT, OR MUTILATION?															
2 EXPOSURE TO PATIENTS SCREAMING IN PAIN/FEAR?															
3 WITNESSED PEDIATRIC DEATH(S) OR SEVERE INJURIES?															
4 DID YOU WITNESS AN UNUSUALLY HIGH NUMBER OF DEATHS?															
5 FORCED TO ABANDON PATIENT(S)?															
6 UNABLE TO MEET PATIENT NEEDS?															
7 RESPONSIBLE FOR EXPECTANT TRIAGE DECISIONS?															
8 DIRECT CONTACT WITH GRIEVING FAMILY MEMBERS?															
9 ASKED TO PERFORM DUTIES OUTSIDE OF CURRENT SKILL?															
10 DID YOU EXPERIENCE HAZARDOUS WORKING CONDITIONS (such as extreme shift length, compromised site safety/security or other issues)?															
11 INJURY, DEATH, OR SERIOUS ILLNESS OF COWORKERS?															
12 UNABLE TO RETURN HOME?															
13 WORRIED ABOUT THE SAFETY OF YOUR FAMILY MEMBERS/SIGNIFICANT OTHERS/PETS?															
14 UNABLE TO COMMUNICATE WITH FAMILY MEMBERS/SIGNIFICANT OTHERS?															
15 HEALTH CONCERNS FOR SELF DUE TO AGENT/TOXIC EXPOSURE (Infectious Disease, Chemical, Radiological, Nuclear, etc.)?															
16 AT WORK, WERE YOU INJURED OR BECAME ILL AND TREATED?															
17 DIRECTLY IMPACTED BY INCIDENT AT WORK OR AT HOME? If yes, advise your employee health and well-being unit leader.															
18 FELT AS IF YOUR LIFE WAS IN DANGER?															
19 OTHER CONCERNS?															
Total affirmative answers on this day?															
Number of employees surveyed on this day?															



PsySTART Staff Self Triage System Team Leader Summary Form Instructions (form on opposite side)

Complete the information in the top left box, including the reporting period, your name, and department.

At the end of each reporting period:

- **Determine method for recording of employee self triage information.**
- **Fill in staff totals.** For each day, write down the total number of responses received for each experience.
- **Tally affirmative responses.** For each day, write the total number of responses in the box at the bottom of that day's column.
- **Tally number of employees.** For each day, write in the total number of employees that responded in the box at the bottom of that day's column.
- **Tally number of risk factors.** For each risk factor, write in the total number of affirmative answers for that risk factor during the incident in the box at the end of the row.
- **Review information to determine individual and collective risk/stress patterns.** Refer to Employee Health and Well Being Job Action Sheet to:
 - Provide assistance for individual employees who may desire further assistance.
 - Identify common risk/stress trends affecting all employees for next steps to mitigate risk/stress.

The PsySTART Staff Self Triage System was developed to help staff members assess themselves following a disaster. The Team Leader Summary Form provides awareness for employee health and well-being unit leaders on the total level of risk exposure for members of their team and an estimate of the aggregated risk experience for the total team. This information can help leaders proactively respond to the acute needs for individuals and also at the total team level.